HAWAII STATE ETHICS COMMISSIO DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

CARPENTER, DANTE KEALA

STATE POSITION HELD: (Dept/Div or Board/Commission)

TRUSTEE, OAHU SEAT

OFFICE OF HAWAIIAN AFFAIRS TERM OF OFFICE (Begin/End):

11/05/02 /06 11/

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
OFFICE OF HAWAHAN AFRAIRS THE KAPICLAND BIVE 1212	D	ELECTED TRUSTEE ONA
NEW YORK LIPE EMPLOYERS RETINEMENT SYSTEM SOCIAL SECURITY DEPARTMEN OF DEPENSE	E	RETIREMENT INCOME
CALDENTEL & CARPENTURINE, BURY ALA PORA PL #401 HON, HI 96818	B	CONSULTANTS SELF-EMPLOYED
SOCIAL SECURITY	Æ	RETIREMENT
	OFFICE OF HAWAIDN AFFERING HOW WILL IF I 968'13 NEW YORK LIPE EMPLOYEUS RETINEMENT SYSTEM SOCIAL SECURITY DEPARTMEN OF DEPENSE CALPENTER & CARPENTER, INC. 3014 ALZ PONZ P. #401 HON, HI 96818	DEPARTMEN OF DEPENSE CALPENTEL & CAMPENTARINE, SHU SHE LIPE EMPLOYEUS RETINEMENT SYSTEM EMPLOYEUS RETINEMENT SYSTEM EMPLOYEUS RETINEMENT SYSTEM EMPLOYEUS RETINEMENT SYSTEM E DEPARTMEN OF DEPENSE CALPENTEL & CAMPENTARINE, BHU ALA PONA PL. #401 HON, HI 96818

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the

ownership	of the business.	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Pacific Waste, Inc. P.O. Bex 44503 Kawaihae, H196743	SOLIO WASTE COLLECTIONS BUSPOSALELING	CONFORME	D
FSP	CARPENTER & CARPENSTARING 3054 Ala Poha Pl. 74401 Honolulu, ett 96818		OWNERS, NTPE DSULF	1,020 Shares
F	Hanais Nat / Education 3054 Ala pola Pi #46/ Hono line, HI 96818	Educ opportunition por Hours	CIRPORATE	
F	Hui Enekenia Hawaii 1001 Bishop St., Ste. 97. Hono Mulu, HT 96813	PENERLY DEVELOPMENT	LIMITED	

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. F,SP, OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC,JT **PERIOD TRANSFER** Check here if entry is None []Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods). F.SP. NAME OF CREDITOR AND ADDRESS ORIGINAL AMOUNT **AMOUNT OWED OUTSTANDING** DC,JT []Check here if additional sheets are attached Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

organizati	on, the term of office, and the annual compensation	n	· · · · · · · · · · · · · · · · · · ·	
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Pacific Waste, Inc. P.O. Box 44503 Kanainae, Hi 96743	Cosporate of Director		B
FSP	Carpenter & Carpenter, p.Ko. 3054 Ala Poha M. #401 Honolulu, HT 96818	president formeting SP=VP		B
E	Hawii National Education Jas 4 Ala Popa PL, #401	president of Director		None
F	Hui Enckenia Hawaii 1001 Bishopest, ste, 977 Horolulu, HT 96818	DIRECTOR		NONE
[]Che	ck here if entry is None	[Check here if additional	sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. STREET ADDRESS TAX MAP KEY NUMBER VALUE DC,JT FSP Country Club Village Condominium Association — Apartment doi 3054 Ala Popa Pl., Honehelu, HI 96616 1-1-065: 046 []Check here if entry is None []Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON DC,JT **CONSIDERATION PAID** RECEIVING THE CONSIDERATION [MCheck here if entry is None []Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON DC,JT **FURNISHING THE** CONSIDERATION RECEIVED CONSIDERATION

F,SP, DC,JT

TAX MAP KEY NUMBER & STREET ADDRESS

AMOUNT & NATURE OF CONSIDERATION RECEIVED

NAME OF PERSON FURNISHING THE CONSIDERATION

NAME OF PERSON FURNISHING THE CONSIDERATION

[] Check here if entry is None

[] Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAME OF CLIENT	NAME OF STATE AGENCY		
Check here if entry is None	[]Check here	if additional sheets a	re attached

value of \$5,000 or more.

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JAN 12 A11:05 TE OF HA WALLINGS COMMISSION

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.